



# LOS ANGELES COUNTY COMMISSION ON HIV

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## STANDARDS OF CARE (SOC) COMMITTEE MEETING MINUTES September 6, 2012

Approved  
10/4/2012

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Mark Davis	Brett Morana	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	Lilia Espinoza	Jithin Veer	Craig Vincent-Jones
Vivian Branchick	David Giugni	Jason Wise	
Terry Goddard	Jocelyn Woodard/Robert Sotomayor		
James Jones			<b>DHSP STAFF</b>
Carlos Vega-Matos			Juhua Wu

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care (SOC) Committee Agenda, 9/6/2012
- 2) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, 6/7/2012
- 3) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, 11/14/2011

1. **CALL TO ORDER:** Ms. Palmeros called the meeting to order at 10:15 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 6/7/2012 and 11/14/2011 Standards of Care (SOC) Committee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.
6. **CO-CHAIRS' REPORT:** There was no report.
7. **SUBSTANCE ABUSE SERVICES:**
  - Mr. Vincent-Jones noted Ms. Wu raised issues of consistency with HRSA during the prior year's Priority- and Allocation-Setting process. A directive for follow-up was generated. It should be determined if standards need to be revised.
  - Ms. Wu said the issue was not that standards did not address HRSA requirements, but one of service definition differences. HRSA places Substance Abuse (SA) outpatient under core services and SA residential under support services. There are Standards for both Residential and Treatment, but the latter includes both outpatient and certain residential services.
  - Mr. Vincent-Jones said Standards were written to reflect locally needed service models. HRSA may or may not fund such various models. Standards are minimum expectations regardless of funding source(s).
  - Mr. Vega-Matos noted the County continuum includes many levels of SA such as: detox, internal residential; residential rehab, to help with side effects of getting off of substances usually with a strong mental health component; and residential transitional. Treatment includes: day treatment, about 20 hours per week outpatient in a semi-hospital environment; an

intensive treatment program; transitional; and both intensive and basic outpatient. DHSP provides all areas of addiction medication except outpatient maintenance which provides relapse prevention services such as individual therapy.

- Ms. Wu said all SA is reported to HRSA for funding under SA Residential, including detox, even though that is addressed under the SA Treatment standards of care. Detox is medical detoxification in a hospital-like setting.
- Mr. Vincent-Jones noted some aspects of addiction medicine are addressed in standards though the overall approach is not. He suggested a presentation on it to inform standards revision. Mr. Vega-Matos reported DHSP was working with an external consultant on various issues, e.g., many providers are not equipped to address methamphetamine use which is a driver of the County's epidemic, especially among the MSM population. Addiction medicines overall are not addressed.
- He noted residential rehabilitation now addresses low-, medium- and high-intensity, but the entire service is high-intensity since it is the highest level of service aside from detox. All providers have the same services during the day.
- He added, per Healthy Way LA (HWLA) structure, a patient is referred to Substance Abuse Prevention and Control (SAPC) if the primary diagnosis is substance abuse and to mental health services if the primary diagnosis is mental health.
- Dr. Jones noted practice varies, e.g., if someone appears to have a mental health issue that is the diagnosis despite recent substance abuse. Biomarkers are not used. Substance abuse and mental health workers do not communicate well and lack a common language. Some psychiatrists have substance abuse training, but most staff has just a baseline proficiency.
- Dr. Younai felt this field, much like medical outpatient (MO), is changing so fast that it might be best to just provide links.
- Mr. Vega-Matos disagreed as most MO providers keep current, e.g., with Health and Human Services (HHS) standards. He felt, however, that behavioral health practitioners, for the most part, do not. There is a strong grounding in social models of substance abuse treatment that have a place, but are insufficient alone to address patients with multiple morbidities. Other issues are lack of attention to the methamphetamine-HIV link as well as rare use of contingency management and full spectrum drug panels.
- Dr. Jones said the Affordable Care Act (ACA) should improve mental health by providing parity in funding. Standards will be needed to, e.g., identify which drugs should be included in a screening panel.
- Dr. Younai said a standing relationship with an in-house advisory panel was discussed at the start of standards development to alert the Commission when changes might be needed. Mr. Vincent-Jones said it was always anticipated that standards would be revised every three or four years as a matter of course with possible revisions in-between should they be needed, e.g., Public Health Services (PHS) guidelines change. There was also discussion with Dr. Jennifer Sayles to use the Medical Advisory Committee as the advisory panel for MO and other core medical services. That idea was dropped, but could be revived with the DHSP's new Acting Medical Director.
- Mr. Vega-Matos noted DHSP is convening a Dental Health Advisory Committee per provider requests. Dr. Younai noted there is already a Dental Advisory Group associated with the AETCs and which drives oral health standards and guidelines in the community, but Mr. Vega-Matos replied DHSP providers have distinct contractual issues.
- Mr. Vega-Matos will provide a memorandum on any SA allocation concerns for 9/25/2012 Priorities and Planning Committee consideration concurrent with their review of Low Income Health Program (LIHP) impact on current allocations.
- For 10/4/2012 SOC meeting: agendaize SA standards discussion; staff will email both SA Standards of Care to the body for review and possible revision; Mr. Vega-Matos will email the rate study to Mr. Vincent-Jones who will forward it to the body; DHSP will present on SA and addiction medicine; the body will invite pertinent experts, e.g., Kathy Watt and Dr. Anna Long.
- Mr. Vincent-Jones will invite SAPC to present at the 11/8/2012 Commission meeting.
- Mr. Vega-Matos and Dr. Younai will discuss effective coordination of the Dental Advisory Group and proposed DHSP Dental Health Advisory Committee and report back to the body.
- Mr. Vincent-Jones and Dr. Younai will develop a draft schedule for review of all standards for the 11/1/2012 SOC meeting.

#### **8. MENTALLY ILL SPECIAL POPULATION GUIDELINES:**

- Mr. Vincent-Jones reported the Latino Caucus is developing a new Latino Special Population Guidelines format. Once completed, it will be used for all Guidelines beginning with the Mentally Ill Guidelines.
- Mentally Ill Guidelines will be returned for SOC Committee review once comments are inserted in the new format.

#### **9. STANDARDS OF CARE:**

- Mr. Vincent-Jones reported the Standards were being edited and should be in publishable form by the end of October 2012. There are no plans to publish a print version, but they will be on the Commission's website and may possibly be available on DVD. He noted the Quality and Productivity grant must be closed out by the end of September 2012.

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- ➡ Mr. Vega-Matos will ask Dr. Sonali Kulkarni, Medical Director, DHSP, to review MO Standards for any needed updates due to recent slight PHS guideline revisions. The general belief is that MO Standards already encompass the changes.
- ➡ Mr. Vincent-Jones will ask Dr. David Martin to present to the SOC on medical marijuana as a follow-up to his Commission presentation and request to add the subject to the MO standards.
- ➡ Dr. Younai suggested grouping standards on the Commission website, e.g., by care and support. Mr. Vincent-Jones will consider how to best present them for those not already familiar with the subjects, e.g., by adding a grid.
- ➡ Mr. Vincent-Jones will talk with Dr. Lilia Espinoza at the 9/13/2012 Commission meeting about her friend's goals pertaining to perinatal guidelines. The Commission had Perinatal Special Population Guidelines 15 years ago, but they are not current.

### A. Vision Services:

- Mr. Vincent-Jones reported this Expert Review Panel (ERP) was originally scheduled for 9/17/2012, but that proved too soon in lieu of other priorities. A new date is being sought in October probably during the third week.
- Optometry specialists have been identified, but suggestions for representatives of other pertinent fields are needed.
- Mr. Vega-Matos noted, with no standards or funding, there are issues of connecting to services such as ophthalmology. He suggested Drs. Joseph Cadden; Kulkarni; Wayne Chen, AIDS Healthcare Foundation (AHF); and Donna Stidman.
- Mr. Vincent-Jones asked where need might be identified outside primary care as people may self-correct between appointments. Mr. Vega-Matos said the Medical Care Coordination (MCC) team offered another intervention point.
- Ms. Nachazel noted pharmacies have self-service displays for glasses so pharmacists could be helpful. Dr. Jones said mental health professionals may notice clients who struggle to complete paperwork. Dr. Younai suggested Registered Nurses and social services workers. Mr. Vega-Matos suggested Residential Care Facilities for the Chronically Ill.
- Mr. Vincent-Jones felt the discussion suggested it would be helpful for standards to offer guidance to professionals in fields where visual acuity issues might be noticed, such as in pharmacy and benefits, to help them identify need.
- ERPs are 15-20 people. There are about eight optometry people, two seats reserved for DHSP and one for a consumer.
- ➡ Agreed to add a Registered Nurse, physician and possibly a social worker to the ERP. Christina Jimenez, RN, 5P21 was one recommendation. The body will email other suggestions to Mr. Vincent-Jones.

### B. Linkage To Care:

- Linkage To Care entails: Transitional Case Management, Early Intervention Services, Testing, Treatment Education, Outreach, and Prevention. This ERP is scheduled for two one-day panels in December with 40-50 people overall.
- Mr. Vincent-Jones urged the body to think of people outside the usual pool to support diversity and lighten the burden on regular participants. People need not be part of the RW system. Dr. Younai suggested a dental provider as it is a point of entry. Mr. Vega-Matos added the University of Southern California Dental School is planning routine testing.
- ➡ Mr. Vincent-Jones will remind the body to submit suggestions within one week when he emails out the SA Standards.

## 10. EVALUATION OF SERVICE EFFECTIVENESS (ESE):

- Mr. Vincent-Jones reported a problem with the County survey system held up the Oral Health survey, but has been fixed.
- The MO survey was put on hold as it is a more complex survey and providers were already under stress due to LIHP migration. The goal remains to complete it within a window which will provide a baseline prior to the impact of LIHP.
- ➡ Mr. Vincent-Jones will follow-up with Mary Orticke on Oral Health chart review outcome data.

## 11. NEXT STEPS:

- ➡ Agreed to change meeting time from 9:30 – 11:30 am to 10:00 am – 12:00 noon.

## 12. ANNOUNCEMENTS: There were no announcements.

## 13. ADJOURNMENT: The meeting adjourned at 11:20 am.